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GRADUATION ISSUE

1953

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3779
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1955

PUBLISHED BY THE STUDENTS OF THE MASSACHUSETTS COLLEGE OF OPTOMETRY

THE SCOPE



VOLUME XXVI

NUMBER 6

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Farewell Message to the Class of 1955



DEAN RALPH H. GREEN

From the outset let me say that it is a pleasure for me to express my best wishes to the members of the Class of 1955. A few weeks hence the members of the Class of 1955, along with the Faculty, will meet in formal academic attire to mark the ending of your classroom studies and the beginning of your professional careers. As professional men you must take your rightful place in your community as an integral part of its public health structure. Each of you will have been charged with the responsibility of making your services as an expert in the field of visual eye care available to the citizens of your State. I strongly urge you, as optometrists, not to take the position that you are subservient to any other group. The services you are prepared and qualified to render are of the highest order and no other group within the over-all health field has had the training and background in the field of vision that you have had.

The College has equipped you with the tools with which to render your services. Here the common denominator ends so far as the Class as a whole is concerned. For how well you have mastered the application of these tools will to no small extent determine your success. However, you will be judged by those with whom you come in contact not only by the mastery of your tools but by your interest in their problems and their solution; the care with which you manage their problems; your understanding of their emotions and fears; your will-

ingness to offer counsel in trying situations; your interest in social, church, civic, and educational affairs. By all these and more you will be judged by your patients. Your success to a great extent will depend upon your ability to meet the requirements of the public.

Render a total service. Take advantage of the many highly specialized areas in which you have received instructions, namely: subnormal vision; vision training and orthoptics; occupational vision; contact lenses; visual field study; and contact lens fitting. To do so will give you a broader outlook on the practice of optometry which is itself a specialty.

Since this is the last opportunity I will have as your Dean to express myself to you on a formal basis before the Commencement Exercises, I cannot close this message without expressing my most sincere appreciation to every member of the Class for making my duties both as a teacher and administrator stimulating and inspiring. I know that I speak for all members of the faculty and administration when I say "Good Luck" and "Best Wishes" to every member of the Class of 1955. The College will ever be interested in you and stands ready to offer its assistance at any time.

RALPH H. GREEN

* * *

BETA SIGMA KAPPA

The International Honorary Fraternity, Beta Sigma Kappa, has recently announced that four members of our faculty were the recipients of Honorary Memberships in their fraternity. They are, Drs. Namias, Cline, Wasserman, and Wright. They were given the award as Educators in Optometry. The Scope Staff wishes to take this opportunity to extend its heartiest congratulations to these men. Also granted by this fraternity is the Doctor of Ocular Science Degree and the Silver Medal Award.

* * *

NOTICE

The editorial which appeared in the Scope in the January-February issue was reprinted from the August, 1954 issue of The American Journal of Optometry and the Archives of the American Academy of Optometry. It was entitled, 'Optometry is Optometry.'

LD
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N357
N49
1955

THE SCOPE

Official undergraduate publication of the
MASS. COLLEGE OF OPTOMETRY
178 Newbury Street
Boston, Mass.

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DEAN RALPH H. GREEN

Public Lectures

During the past year the school has been sponsoring lectures for the lay public on the problems of vision and the understanding of the human eye. They have been delivered by our instructors at a time when most of us might want to relax listening to the Sunday ball game or afternoon concert. However, this has not prevented the lectures from being given on Sunday afternoons, a time which is very convenient to the general public.

Those responsible for producing this effort deserve much credit for their undertaking. There is no doubt that the effects will serve to give Optometry a better name and in so doing heighten the prestige of every practitioner. It is gratifying to know that there are those who realize the outcome of effective public relations. Indirectly, we, as a contemporary group of optometric students, will reap the benefits of this new idea. Better yet we should realize the full implications and plan for future undertakings of our own.

By the time this article is published, Boston will have a new TV station dedicated to educational broadcasts. This station will be under control of The Lowell Institute in conjunction

with eight universities within this area. Of course these institutions will most likely have priority in presenting programs of interest. However, this does not mean that other institutions would not be given consideration. The School (if possible with the cooperation of interested optometric organizations) should plan to see what can be done about presenting Optometry's story via TV. It is staggering to the imagination when one thinks of the potential audience a Sunday afternoon lecture might have if it were presented on TV.

As editor of the Scope, I would like to take this opportunity for thanking the sponsors of these public lectures and for granting to them in this limited way a small measure of the credit they deserve. I believe that my sentiments are in accord with those of the rest of the undergraduate body.

M. A. G.

* * *

Criticism

Criticism in itself is of little value to the welfare of the group unless it is either accompanied by ideas which would tend to remedy the situation or unless it in some way inspires the people involved to carry through a plan that would reduce the need for such criticism. There are several qualifying conditions necessary to achieve a satisfactory solution to a problem. First of all, the people who are the objects of the criticism must recognize the fact that neither their nor any other organization will ever be perfectly suited to the needs of the majority. Any governing body must of necessity always be in the process of change to adapt itself to changing conditions, changing attitudes, changes in its membership, and in the last analysis to a changing universe. Secondly, the leaders of the group must be aware that they might be blind to certain faults within the organization. This could be due to the habit of doing things as they had been done in the past. It could result from being unaware of changing needs of the people whom they represent. Or it could simply be due to subjectivity acquired by being too closely involved with the workings of the organization. Finally, upon

Please turn to page twelve

What Happens When the Cylinder Axis Is Wrong?

JOSEPH I. PASCAL, M.A., O.D., M.D.[†]

In the correction of astigmatism, usually the greatest emphasis is placed on first finding the correct axis of the required cylinder. And rightly so. However, it is revealing if a study is made of the optical and visual effects of a moderately strong cylinder, say, a plus 2.00 cyl. is placed, say, 10 degrees off axis. Suppose the correct Rx is plus 2.00 cyl. ax 90, and a plus 2.00 cyl. ax 80 is placed before the eye, what are the visual and optical conditions created?

In general, an examiner will interpret a patient's reactions far more intelligently if he has a general idea of the effects which are created when a cylinder is, say, 10 degrees off axis. The effects are *not* self-evident, nor can they be obtained by simple mental arithmetic. There are several ways of attacking the above problem; the one here presented gives a good insight into what actually takes place.

The patient needs a plus 2.00 cyl. ax 90. Assume the normal eye has 60.00 D. of power in all meridians. This astigmatic eye has, therefore, a power of 60.00 D. in the vertical meridian and of 58.00 D. in the horizontal meridian. We can imagine this eye as originally having a fundamental power of 58.00 D. all around, and that a plus 2.00 D. cyl. ax 180 was added to the eye (inside the eye) so as to produce the conditions mentioned. The vertical meridian is emmetropic (E), the horizontal meridian is hyperopic (H). If we now place a plus 2.00 cyl. ax 80 we can find the result of a combination of plus 2.00 cyl. ax 180 over a basically plus 58.00 diopter eye. This is a problem in obliquely crossed cylinder transposition.*

[†] We regret to announce that within two weeks after submitting this article, Dr. Pascal passed away. Although an ophthalmologist, he always had a high regard for optometry and toward that end devoted many ceaseless hours for research, both clinical and theoretic. He was a member of the faculty of our school during 1931-32.

The result of a plus 2.00 cyl. ax 180 = plus 2.00 cyl. ax 80 is a sphero-cylinder of plus 1.65 = + 0.70 cyl. ax 40. If this be superposed on the imagined original 58.00 D. eye we get plus 59.65 D. in meridian 40 degrees and plus 60.35 D. in meridian 130 degrees. Since the normal emmetropic eye, in our case, has a power of 60.00 D. the effect of the wrongly placed cylinder is to produce an equally *mixed* astigmatism along meridians which are different from the original principal meridians. The 40 degree meridian is 0.35 D. hyperopic and the 130 degree meridian is 0.35 D. myopic.

The patient will get retinal images consisting of diffusion circles corresponding to an error of about 1/3 diopter, (this depending on the individual eye and the chart used), then the patient's vision will not materially differ from what it would be if the cylinder axis were correctly placed. On the astigmatic line charts, the lines would all appear equally clear, or slightly blurred, but equally blurred. To bring out the presence of this mixed astigmatism, the eye has to be fogged, say, with a plus 0.50 D. sph. when the difference in the astigmatic line charts would be easily recognized. The resulting condition of a plus .50 D. fog would be to produce a condition in which the 40 degree meridian would be 0.15 D. myopic and the 130 degree meridian would be 0.85 D. myopic. The astigmatic dial line at 130 degrees would be definitely blacker and more distinct.

If a cross cylinder were used to check the axis (before the eye was fogged) the wrong position of the inserted cylinder would become immediately apparent. If a .25 cross cyl is placed with its handle along axis 80 (i.e., along the axis of the inserted cyl.), then the plus and minus power at 45 degrees to either side of the cylinder would correspond (very closely) to the principal meridians of the newly created mixed astigmatism. In one position plus cyl. ax 35 (-cyl.

*A simple method for solving transposition of obliquely crossed cylinders, graphically or by elementary calculations is shown in my book, "Studies in Visual Optics," C. V. Mosby Co., 1952.

ax 125), the plus 0.25 D. power would be in the 125 degree meridian and make this meridian or meridian 130, about 0.60 D. myopic. The minus 0.25 D. power in the 35 degree meridian would make this meridian or meridian 40 degrees about 0.60 hyperopic. This would produce diffusion circles of 0.60 x 0.60.

In the second position the cross cylinder with plus cyl. ax 125 (-cyl. ax 35) would place the plus power in meridian 35 (or 40) and make this meridian about 0.10 D. hyperopic. It would place the minus power in meridian 125 (or 130) and make this meridian about 0.10 D. myopic. This would produce diffusion circles of 0.10 x 0.10. He would certainly see better with the latter, that is, when the cross cylinder is placed plus cyl. ax 125, (minus cyl. ax 35). This would show that the plus cylinder has to be turned from axis 80 towards 125, say to axis 90. A similar analysis can be made for correction with minus cylinders and for compound sphero-cylinders, plus or minus.

Say a patient needs a -2.00 cyl. ax 90, and a -2.00 cyl ax 80 is placed before the eye. What are the optical and visual effects of the cylinder off axis?

Again, let us assume that the normal emmetropic eye has a power of 60 D. in all meridians. Let us also assume that this eye has a fundamental power of 62.00 D. in all meridians and that a -2.00 cyl. ax 180 inside the eye produced a condition in which the vertical meridian is emmetropic, the horizontal meridian is 2.00 D. myopic. This eye needs for correction a -2.00 cyl. ax 90. If we place a -2.00 cyl. ax 80, we can figure out the effect on a 62.00 D. eye of a combination of -2.00 cyl. ax 180 = -2.00 cyl. ax 80.

The combination of these two obliquely crossed cylinders by the graphic method or simple calculation method gives us -1.65 sph. = -.70 cyl. ax 40. This gives in the 40 degree meridian -1.65 D. of power and in the 130 degree meridian -2.35 D. of power. This translated to the imaginary original eye with a 62 D. power in all meridians gives us 0.35 D. myopia in the 40 degree meridian and 0.35 D. hyperopia in the 120 degree meridian. This condition now is one of equally mixed astigmatism, producing on the retina diffusion circles of 0.35 x 0.35.

The astigmatic line charts will look all alike.

Fogging the eye with, say, a plus 0.50 D. S. will bring out the clearest line along the 40 degree meridian on the chart. The cross cylinder will show the wrong axis position in such cases without fogging. It can be shown in the same manner as was done for the plus cylinder that when the handle of the cross cylinder is at 80 (in line with the axis of the inserted trial cylinder) the position of the cross cylinder when the minus cylinder axis is at 125 degrees gives better vision than when the minus cylinder axis is at 35 degrees. This shows that the minus cylinder in the frame has to be turned towards 120 degrees to get the right axis, say, to position 90 degrees.

By constructing circles to represent the front of the eye, and inserting the meridians as mentioned, the reader will get an excellent visualization of the points discussed.

SUMMARY

A method of analyzing the optical and visual effects of a cylinder placed off axis before the eye is shown. The effect of a plus or minus cylinder of the correct power, but placed, say, 10 degrees off axis is to create a small amount of mixed astigmatism in meridians different from those of the original astigmatism. The new meridians vary in position depending upon several factors, but they are roughly 45 degrees (more or less) to either side of the inserted cylinder. Vision may be only slightly affected as the diffusion circles may come within the depth of focus of the eye. The effect on vision in general will depend upon the strength of the cylinder and the extent to which it is off the correct axis. The procedure for getting the correct axis by means of the cross-cylinder is discussed and illustrated.

JOSEPH I. PASCAL

1890 - 1955

Requiescat In Pace

A Note on Monocular-Binocular Refraction

By IRA SCHWARTZ, O.D.

Modern optometry, like any other modern art and science, is always looking for new tools, methods, and interpretations. When it ceases to furnish these and add to the fund of knowledge, it shall perish. In recent years, a movement to investigate our visual apparatus under conditions closely adhering to those under which it normally functions, has been continuously growing. We are specifically referring to the type of examination that investigates monocular vision under binocular conditions.

Optometry's pioneers were all excellent retinoscopists, for that was their main tool for examination. Later, subjective testing, which is relatively easier, came into vogue. Nevertheless, there are many practitioners who still rely on their retinoscopic findings as the basic

Rx. The neophyte practitioner scoffs at this; he deems it not as 'scientific' as the subjective fog technique. Then, he reads and attempts to get a basic Rx by the Turville, or similar method. This is the latest scientific method that allows for the new concept of monocular refraction under binocular conditions. More often than not, this finding is very similar to the retinoscopic finding. This is not too surprising, as the retinoscopic finding is a monocular finding found under binocular test conditions. Turville and the interpretation by Morgan are the basis for this 'new' method. We also must note Norman, Freeman, and more recently, Saul (MCO class of '52). There are others, and those of you who start a little research in the field will find them soon enough.

We should like to pass on a simple little hint along these lines that can be used very early

EDITOR'S NOTE — Dr. Schwartz is a graduate of M.C.O., class of 1953.

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Dr. Cline Speaks For P. O. S.

By MELVIN GOLDEN

On Tuesday, April 5, Dr. Harold Cline gave a talk regarding the problems involved when starting a practice. It proved to be very successful by the large turnout and was also extremely interesting in that it concerned a subject which is of great concern to us as students of Optometry.

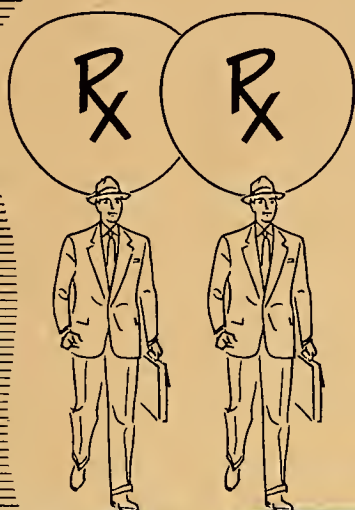
At first Dr. Cline gave his views on problems which will face us immediately upon graduation. He suggested that two or three state board examinations should be taken. Slides were shown from the A. O. A. booklet, National Income Survey, to illustrate the various regions of the country and the possibilities they offered. The southeastern and central portions of the country were stressed. That a professional practice was the best and should be highly considered, was emphasized along with the point that scholastic ability cannot be correlated with professional success, with the exception that those with a higher scholastic success had a better chance of achieving professional success.

A list of the different ways of starting in practice was then outlined. One of the best ways, it was stated, was by association with an older optometrist. In this way a cash reserve could be built up while the young optometrist gains some needed experience. Particularly good is the association wherein the young optometrist is to take over the practice upon retirement of the older practitioner. The partnership type of practice was described as being "ideal in most cases." It should be pointed out, however, that partnerships involve a risk and "should be assumed on a trial basis for at least a year if agreed upon." The effects of the junior partnership type of agreement were discussed in detail and stress was laid upon the fact that a salary with a percentage of the gross was a good arrangement in that the percentage gives the junior partner an incentive to build the practice. Responsibility for patient satisfaction would not lie entirely upon his shoulders. On starting out cold, Dr. Cline suggested that this would not be a good idea in this immediate area although other parts of the country offer very good opportunities "due to the scarcity of op-

tometrists." Purchasing a practice was discussed in great detail with a number of important points outlined.

- a) Good Will — Has the practice in question been on the increase and has the practitioner actively participated in practice building techniques? Is he known as one who satisfies the patient?
- b) Location — A central location is very important if the practice is new; however, this does not matter much if the practice has been established for a long time.
- c) Inventory — A thorough study of the instruments, their age and condition, should be made.
- d) Fee Schedule — The volume of the business should be correlated with the amount of patients. Important here is the practitioners' laboratory fees.
- e) The practitioner's connection with groups outside of professional groups.
- f) Volume of Practice — Here a simple rule was given. Concerning the gross Dr. Cline stated that if it was . . .
 - "Under \$5,000—forget it;
 - between \$5-\$10,000—think about it;
 - between \$10-\$20,000—grab it;
 - Over \$20,000—you can't afford it."Also, it was stated that a thorough investigation should be made of the records for the patients of the last five successive years.
- g) Specialization — It was not a good idea to purchase a practice which was partly specialized; especially so if you have little experience in the specialty or have no wishes of continuing it, e.g., orthoptics, contact lens work.
- h) Legal Aspects — Before signing legal documents hire a good lawyer to confirm that there are no restrictive clauses in the contract which would hold you responsible in the future.

Please turn to page eleven



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A SELECTED STUDY OF TYPICAL ANSWERS ON RECENT EXAMINATIONS IN THE BIOLOGICAL SCIENCES

By HOWARD M. COLEMAN
with apologies to anonymous

Q—What is entomology

A—Entomology is the study of ents.

Q—Why do you, as a representative higher vertebrate, have a urinary bladder?

A—Just lucky, I guess.

Q—Same as preceding one.

A—Without one I'd be a drip.

Q—Discuss puberty.

A—Puberty is the period between infancy and adultery.

Q—What is the function of the crystalline lens

A—The function of the lens is to focus light on the rectum.

Q—What is the name of the medial portion of the stomach?

A—The portion of the stomach between the

cardiac and pyloric regions is known as the fungus.

Q—What is an enzyme?

A—An enzyme is an orgasmic catalyst.

Q—What is the function of the gluteus maximus muscle?

A—The gluteus maximus muscle moves the eye.

Q—What dye is used in the Gram stain?

A—The dye used in the Gram stain is Genital violet.

* * *

Passing by a cemetery recently I noticed the following epitaph "Here lies the body of Henry Burnside — if not, notify Waterman, the undertaker — immediately!"

SOPHOMORE ARTICLE: Unrelated Topics

By GERRY GARAND

This poem is full of morality and philosophy. It ends with the very rational reflections of a large hog which addresses man in nearly the following terms:

Ye naked bipeds, without beaks or claws,
Hairless, and featherless, and tender-hided,
Weeping ye come into the world—because

Ye feel your evil destiny decided;
Nature has given you industrious paws;
You, like the parrots, are with speech
provided;

But have ye honest hearts?—Alas! alas!
In this we swine your bipeds surpass!

Man is far worse than we—more fierce, more
wild —

Coward or madman, sinning every minute;
By fear and by frenzy in turn beguiled,
He dreads the grave, yet plunges headlong
in it;

If pigs fall out, they soon are reconciled;

Their quarrel's ended ere they well begin it.
If crime with manhood always must combine,
Good Lord! let me forever be a swine.

Why Sophomores Should Rule The World?
Because no one, no matter what his position in life, knows more about any subject than a sophomore. They are authorities on Optometry, philosophy, human relations, sports and sex. If there is anything bothering you or anything you're confused about "see your nearest sophomore." (Note to non-sophomore readers: The above statements were presented for the benefit of the sophomores that are developing an inferiority complex from having the instructors continually tell them they know nothing.)

The members of IONC have embarked on a made social whirl of parties. The first party was held at the Colonial Inn in Medfield; the roll-call consisted of:

Mr. Jack Murphy and Miss Ann Debello
Mr. Howard Coleman and Miss Bev Pavlow
Mr. and Mrs. Frank Bean
Mr. and Mrs. Bernard Rosen
Mr. and Mrs. Gerald Garand
Mr. Donald Korb and Miss Shirley Levange
Mr. Austin Benharris and Miss Smith
Mr. and Mrs. Mark Hugman
Mr. Garrett Byrnes Jr. and Miss Jane Brown.

This series of parties is non-sectarian and everyone interested in having a good time is very welcome.

At the last class meeting a motion was made to the effect that the sophomore representatives to the student council should bring up at the next meeting a motion suggesting that the student council appoint a committee to look into the library situation. The idea behind the motion was to see if anything could be done either diplomatically or financially, about removing the new counter in the library. The class voted unanimously for this and our representatives brought it up at the next meeting. It was voted down 9 to 3. The 3 were our representatives.

Side note on parliamentary procedure: Never address the chair with a mouthful of tongue. The proper procedure is (a) pull out your teeth (b) extract your tongue (c) speak.

Anyone who is truly interested in optometry, its advancement as a profession, or in the advancement of the school, must surely be aware of the general apathy on the part of the students who daily drag their bodies through its portals. If every student who presented himself for Board Examinations was asked to name just one thing that he has done during his student years that has helped to better the profession or the school, there would result much stuttering and stammering. I admit this school is not the Taj Mahal and that our campus is made of cement, but what is that compared to its being one of the most recognized Optometry schools in the country? There are some that can't see the forest because the trees keep getting in the way; to phrase a corny expression.

Sooner or later the student must leave the safety of the school and go out into the profession to face the world. The position he finds himself in will be the direct result of his, and his fellow student's, activity or lack of activity. Let's face it, sleepy people don't attract attention or recognition.

Ethical prostitution: In certain parts of the world, males appear rather indifferent to the female's past. In some parts of Japan and

among certain Arab tribes, comely girls may go to larger centers of the population and devote themselves for a period of years to prostitution. Sometimes afterward they return to their native place, sometimes with a dowry they have accumulated thriftily, find a husband and settle down as wives and mothers, in no way disqualified by their promiscuous past. In certain parts of Central Europe, "window courting," as it is sometimes called, leads to unofficial trial marriages which do not arouse the jealousy of the final winner of a girl's favours. Which goes to show that geography is one of the factors of morality. And the moral of the story is that if you want to be moral learn your geography.

I hear a rumor that certain sophomores are doing Subjective Fog Tests with their schematic eyes . . . ???

* * *

Cline [Cont.]

When opening a practice many factors must be considered. The area of the country, the state in that area, and the city and its approximate population during business hours, i.e., it may be a shopping center. Shall I locate upstairs or downstairs? Do I like the size of the community? Do my relatives live nearby? What is the ratio of optometrists to the population? What income can be expected after a certain number of years of practice?

The period immediately following the establishment of one's practice was the last point Dr. Cline discussed. A small biography with a picture should be sent to the local newspaper. There should be no interruption of established office hours. The new practitioner should think of joining only those organizations in which he has a genuine interest. School or survey work along with industrial relation work can prove helpful and should be considered. These relationships along with the ties with other professions in the medical field can prove to be very helpful for patient referrals. Also mentioned were the three factors which determine the fee schedule, namely, the location, the service rendered, and the ability of the patient to pay.

A lively question period followed.

Mono-Binocular Refraction

[Cont.]

in the examination routine.* When taking habitual monocular visual acuity readings, the average practitioner uses an opaque occluder over the eye not under test. This is a violation of the thesis of monocular testing under binocular conditions. The pupil of the unoccluded eye will enlarge quite rapidly, especially for those patients who are very lightly pigmented. Why should a patient be penalized by a large pupil and those of fair complexion even more so? To overcome this is a relatively easy task. We have taken a piece of transparent plastic, approximately 4" x 7", made a notch in the center of one of the long edges for the nose and one hole for exposure of one eye. The plastic was then roughened by sandpaper so that vision was impaired when looking through it. This sandpapering must not be overdone. When the patient holds this occluder before his eyes, both eyes are getting almost the same amount of light and the pupil of the eye under test is not unduly dilated. Furthermore, the eye not under test, while not able to see the letters on the chart, is observed through the occluder by the examiner and it is noted whether or not the patient is closing that eye. Many patients are unaware that only one eye is being tested. This is a minor point that can be accomplished with a minimum of expenditure of time or money but it seems just a little more scientific, a little easier to use and you know a little more of how your patient functions.

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*This was suggested by the work of Dr. Raymond Sudarsky.

* * *

Two tonsils lived in a drunk's throat.

"Hey, where are we?" asked one tonsil.

"We must be in Capistrano," answered the other. "Here comes another swallow!"

Seniors [Cont.]

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* * *

Editorial [Cont.]

recognizing the need for improvement, they must be willing to appraise the situation objectively and then to arrive at an acceptable solution.

This is not to say that all criticism is valid, but to defend the right in a democracy of any minority not merely to express its own opinions, but to guarantee that these opinions will not fall upon deaf ears; to guarantee that they will be respected; and to guarantee that an intelligent investigation of these opinions will be made on the part of the legislators without regard to any personal feelings against this minority. To cast aside ideas conflicting with the status quo by labelling the subscribers of such ideas as radical is not just undemocratic but downright adolescent. By considering criticism of a policy of the organization as a personal affront, an individual is exhibiting the symptoms of a neurotic. Self government can only work when the majority takes an active interest in the governing process itself and objects vigorously when any infringements are made upon the rights of the people without due consideration to their welfare.

SUMNER KAGAN

* * *

"The patient limps because his left leg is three inches shorter than his right leg. Mr. Jones, what would you do in such a circumstance?"

"I believe that I too should limp."

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